#### STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936

PLEASE PRINT NEATLY

01	
	LAST NAME FIRST NAME MI SUFFIX
	TWVMAN BRVAN
02	ADDRESS office (business or governmental) or home State Zip Code Area Code Phone PA 19694 (610 507-0044
	V 1 10 11 100 1 (10 ) 351 (10 )
N	TE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.
03	STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)  Check this
	A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block if you are filling as a solicitor block if you are filling an original filling
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held
Α [	DISTRICT 3 COUNCILMAN
r	seeking A hold held
В	RECYCLING LIASON
05	GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.
Α	CITY OF READING
В	COMMITTEEMAN DISTRICT 12-3
06	OCCUPATION OR PROFESSION (This may be the same as block 4)  07 YEAR Indicate calendar year for which form is being filed. SEE INSTRUCTIONS.
	RSCUCLINY LIASON 2015
08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
09	CREDITORS (See instructions on page 2): Creditor (Name and Address) If NONE, check this box.
00	Name: American Education Services Address: P. O Box 61047 Interest Rate
	Harrisha PA 17106-1047 2.65
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.
10	
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.  Name:  Address:  GIFTS (See instructions on page 2) If NONE, check this box.
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11	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.  Name:  Address:  GIFTS (See Instructions on page 2) If NONE, check this box.  Source of Gift  Circumstances (including description) of Gift  TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.  Source (Name and Address)
11	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.  Name:  Address:  GIFTS (See Instructions on page 2) If NONE, check this box. Source of Gift  CIrcumstances (including description) of Gift  TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Source (Name and Address)  Yalugh TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.
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11 [	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.  Name:  Address:  GIFTS (See instructions on page 2) If NONE, check this box.  Source of Gift  Circumstances (including description) of Gift  TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.  Source (Name and Address)  OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.
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11 12 13 14	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.  Name:  Address:  Address:  Address of Source of Gift  TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.  Source (Name and Address)  OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.  Address:  BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) Interest Held  BUSINESS (Name and Address)  Transferree (Name and Address)
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# City of Reading

# **Candidate Political Committee Form**

The reporting of candidate political committees is required by the City of Reading Code of Ethics, Section 12 Campaign Contributions & Reporting Requirements. Section 12 describes the limitations placed on candidates and the reporting requirements of candidates. Section 12 also requires that the formation of a candidate political committee be reported to the City Clerk's office.

If you are unsure about the need to file the Candidate Political Committee Form, please contact the City Clerk's office at 610-655-6204. This form must be filed with the City Clerk's office upon its completion.

Name and Address of Committee:	NORTHSIDE COALITION. 1501 N. 14th STREET, READING, PA 19604
Name of Candidate:	BRIAN TWYMAN
Bank Account Information of Committee:	GITZENS BANK 956 N. 9th Street, Reading, PA 19604
Treasurer's Name:	CONSTANCE TWYMAN
Date Formed:	April 6, 2015

Report Prepared By:

CNISTAND TWYNON

Name: 1-2015

Date:

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### City of Reading

### Campaign Finance Disclosure Statement

City of Reading Code of Ethics Section 12 Campaign Contributions & Reporting Requirements mandates that candidates submit a Campaign Disclosure Statement "whenever a Candidate, treasurer of a Candidate Political Committee, or other representative of a Candidate Political Committee files a required report of receipts and expenditures with the Berks County Board of Elections and/or Secretary of the Commonwealth as required by the Pennsylvania Election Code (25 P.S. §§3241, et seq.), or other applicable laws or regulations, such person shall at the same time file with the City Clerk, a copy of all information set forth in such report(s), in that format mandated by the Board of Ethics. Such filing with the City Clerk shall be accompanied by a written statement, signed by the person making the filing that subscribes and swears to the information set forth in such filing."

Please attach a copy of the Campaign Finance Disclosure Statement as submitted to the Berks County Board of Elections.

I verify that the information in this Campaign Finance Disclosure Statement and attached report of receipts and expenditures are true and correct.

SIZIAN TWWW Printed Name

Data

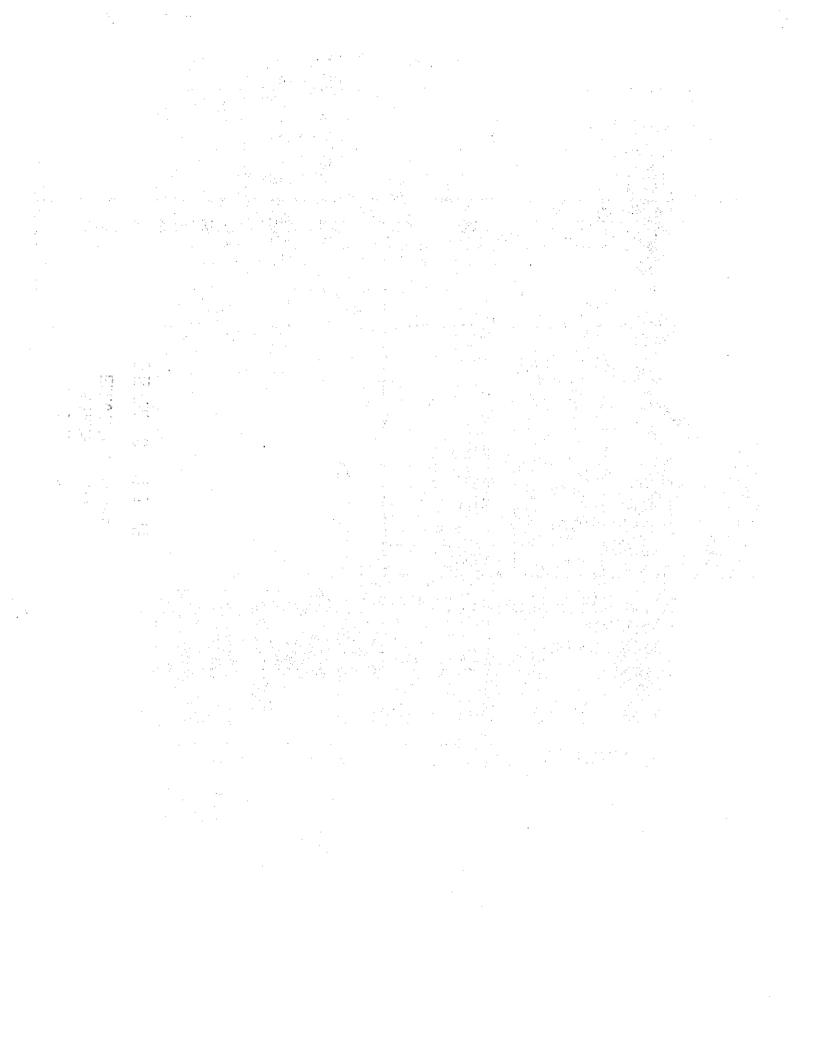
5-1-15



## Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification : Number	Report Filed (	By Candida	te 149//	Committee		Lobbyist		
Name of Filing Committee, Candidate or	NORTHS	SIDE	COALIT	ION				
Street Address 1501 N. 14th STREET								
City READING State PA Zip Code 19604								
	Type of Report (Place x under report type)							
1-6 <sup>th</sup> Tuesday 2-2 <sup>nd</sup> Friday 3-30 Day Post Pre-Primary Pre-Primary Primary	4- 6th Tuesday Pre- Election	5- 2 <sup>nd</sup> Friday Pre- Election	6-30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election		
		X						
Date Of Election (MM/DD/YYYY) 05/19/2015	Year 2015		Amendment Report		Termination Report			
Summary of Receipts and From Date Expenditures	To Date	9	सम्बद्धाः वर्षेत्र भी नाम् । स्ट्रान्स्याने सम्बद्धाः ।	For (	Office Use Only	and the second s		
04/06/20 A. Amount Brought Forward From Last Repor		7/2015						
B. Total Monetary Contributions and Receipts	::    <i>O</i>		:		5			
(From Schedule I)	8 <i>50.</i>		•					
C. Total Funds Available (Sum of Lines A and B)	\$ 8 <i>5</i> 0		•	-	'©	o z o o		
D. Total Expenditures (From Schedule III)	\$ 280	46 XX	l		*****	SERVICE SERVICE SERVICE SERVICE		
E. Ending Cash Balance (Subtract Line D from Line C)	\$ 569	些			<b>)</b>	WED COUNTY SERVICES		
F. Value of In-Kind Contributions Received (From Schedule II)	\$ 1499	95 XX			اسم اسم	S S		
G. Unpaid Debts and Obligations : (From Schedule IV)	\$ 2015	5,00			·	:		
Part 1- If this is a Committee report, treasurer sign h	ere. If this is a Can	Affidavit Sec		·				
I swear (or affirm) that this report, including the atta Sworn to and subscribed before me this	ched schedules or	paper, is to the b	est of my knowledg	ge and belief tro	te, correct and complet	e.		
day of MAV 20 (	_ ¹1	$\mathcal{C}$	onstar	CE 9	Wisme	w		
- tallet leade	Notarial	F PENNSYLVAN Seal ( Notany Public	Signature o	f Person Submi		·		
non'i is- bas	Ashley L. Wade, nking Spring Bord Commission Expir	o, Berks County es April 18, 2017	- 10	Printed Name	`	<u>.</u>		
My Commission expires ACC 16 DAY METRIC PEHHSYLVANIA ASSOCIATION OF HOTARIS DAY METRIC PEHHSYLVANIA D								
Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.  I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as								
amended.								
Sworn to and subscribed before me this								
day of 1 14 74 of 1 COM	- MONWEALTH O	F PENNSYLV <u>AN</u>	i A Sigha	ture of Candid		2		
Signature	- Notarial Ashley L. Wade,	Seal	13212	rinted Name	yuun			
My Commission expires April 18 XX	isking Spring Bord Commission Expir	o, Berks County res April 18, 2 <u>017</u>		(618	) 507-60;	44		
MIO. DAT TREMBE	, PERMATLYANIA ASS	SOCIATION OF NOTAR	am Coue	рауш	ne Telephone Number			



#### SCHEDULE IV

## **Statement of Unpaid Debts**

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number:

· 1988年 - 1988年		,
Name of Creditor	CONSTANCE TWYMAN	Outstanding Balance of Debt
House # Str	eet Address  DATE DEBT INCURRED  [MM/DD/YYYY]  04/07/20/5	\$ 700,
Description of Debt		
Tomorphism A. Burner (1994) A second of the	START up money to open Checking	
Name of Creditor. House #	EL Address DATE DEBT INCURRED	Outstanding Balance of Debt
849	N 1/49 Street [MM/00/YYYY] 03/09/2015	\$ 25,00
City	READING State PA Code 19604	
Description of Debt	PETITION FILING FEE	
Name of Creditor		Outstanding Balance of Debt
House # Stre	eet Address DATE DEBT INCURRED	
City	State Zip Code	
- 100 V C - 10 V C - 10 P - 10	A Proposition of the control of the	
Description of Debt		
Name of Creditor		Outstanding Balance of Debt
Name of Creditor	eet Address  DATE DEBT.INCURRED  [MM/DD/YYYY]	Outstanding Balance of Debt
Name of Creditor	State Zip	Outstanding Balance of Debt
Name of Creditor House # Stre	[MM/DD/YYYY]	Outstanding Balance of Debt
Name of Creditor  House # Street  City  Description of Debt  Name of Creditor.	State Zip Code	Outstanding Balance of Debt
Name of Creditor  House # Stre  City  Description of Debt  Name of Creditor  House # Stre	State Zip Code DATE DEBT INCURRED MAIN [MM/DD/YYYY]	Outstanding Balance of Debt
Name of Creditor  House # Stre  City  Description of Debts  Name of Creditor.  House # Stre  City	State Zip Code DATE DEBT INCURRED MAIN [MM/DD/YYYY]	Outstanding Balance of Debt
Name of Creditor  House # Stre  City  Description of Debt  Name of Creditor  House # Stre	State Zip Code DATE DEBT INCURRED MAIN [MM/DD/YYYY]	Outstanding Balance of Debt
Name of Creditor  House # Stre  City  Description of Debt  Name of Creditor.  House # Stre  City  Description of Debt	State Zip Code  DATE DEBT INCURRED [MM/DD/YYYY]  State Zip Code  Code	Outstanding Balance of Debt
Name of Creditor  House # Stre  City  Description of Debt  Name of Creditor.  House # Stre  City  Description of Debt  Stre  Stre  Stre  City  Stre	State Zip Code DATE DEBT INCURRED MAIN [MM/DD/YYYY]	Outstanding Balance of Debt
Name of Creditor  House # Stre  City  Description of Debt  Name of Creditor.  House # Stre  City  Description of Debt	State Zip Code  DATE DEBT INCURRED Code  State Zip Code  DATE DEBT INCURRED Code  Code  DATE DEBT INCURRED Code	Outstanding Balance of Debt

# Statement of Expenditures

Filer Identification Number:	

To Whom Pald CITIZEN	S BANK		O4/07/7a/5
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	N 9th STI		Description of Expenditure CHECKS AND CHECK
READING	State PA	Zip. 19604	PRINTING
To Whom Paid WALMA	KT	,	Date [MM/DD/YYYY] \$ 128, 54
House # Street Address	5th St. Hic		Description of Expenditure  2 phones ML MINUTES
PEADING	State PA	Zip Code	for Campaign Calls
To Whom Paid DEMOCRA	ATIC CIT	1 COMMITTE	Date [MM/DD/YYYY] \$ 80 %
House # Street Address			Description of Expenditure CHUPAIGN SIGNS
READING	State PA	Zip Code	7 0.0
To Whom Pald			Date [MM/DD/YYYY] \$
House # Street Address			Description of Expenditure
City	State	Zip Code #	
To.Whom Paid			Date [MM/DD/YYYY]
House # Street Address	***		Description of Expenditure
City	State	Zip Code	
To Whom Paid			Date [MM/DD/YYYY] \$ \$
House # Street Address			Description of Expenditure
City	State	Zip Code	
To Whom Paid		,	Date [MM/DD/YYYY] \$
House # Street Address			Description of Expenditure
City	State	Zip Code	
To Whom Paid.			Date [MM/DD/YYYY] (\$)
House # Street Address			Description of Expenditure
City	State	Zip Code	

### SCHEDULE II

#### Part G

### **In-Kind Contributions Received**

VALUE OVER \$250

		VALUE OVER \$250	
Filer Identification Numberia	<u> </u>		
	Manager and the second		
Full Name of Contributor Certi ZEN	Date [MM/DD/YYYY] \$ 95 04/10/2015 1499, 5X		
House # Street Address	Date [MM/DD/YYYY] \$		
City READING	State: PA	STREET zip Code: 19604	Date [MM/DD/YYYY] \$
Employer Name		7. Area V.B. (Area)	Occupation
Employer Mailing Address / Principal Place of Business	To the state of th		Description PRINTING EXPENSE of Contribution FOR Contribution DISTRIBUTION MAISRIF
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation:
Employer Mailing Address / Principal Place of Business			Description of Contribution
Full Name of Contributors		1	Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation 15
Employer Mailing Address / Principal Place of Business			Description of Contribution
Full Name of Contributors			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
City City City City City City City City	State	Zip Code	Date [MM/DD/YYYY] \$
2. TATA 18. 中央电影中心设置的影响			Occupation
Employer Mailing Address / Principal Place of Business			Description of Contribution Contribution

# SCHEDULE II PART F

### **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Filer Identification Number:	
Full Name of Contributors	Date [MM/DD/YYYY] \$

					أستنان المتناز المتناز المتناز المتناز والمتناز والمتناز والمتناز والمتناز والمتناز والمتناز والمتناز والمتناز
Full Name of Contribu	tor			Date [MM/DD/YYYY]	\$ .
House #	Street Address			Date [MM/DD/YYYY]	\$\$
nouse #	Street Address			ATTENT HUMAINTAN MANAGARE	
City	SECTION OF THE CONTRACT OF	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contrib	ution				
Full Name of Contribu	tor		Jacob Alla Carlos Carlo	Date [MM/DD/YYYY]	`\$ <del>`</del>
	Street Address			Date [MM/DD/YYYY]	7 S S
	F. September 1995				
City 6		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contrib	ution		La consensa construir accordant		
Full Name of Contribu	tars			Date [MM/DD/YYYY]	S
House #	Street Address		**************************************	Date [MM/DD/YYYY]	* S
City		State	Zip Code	Date [MM/DD/YYYY]	Ś
Description of Contrib	utlon	Tel Mar arrang			
Full Name of Contribu	tor			Date [MM/DD/YYYY]	\$
				,	
House #	Street Address			Date [MM/DD/YYYY]	\$
					i S
City		State	Zip Code	Date [MM/DD/YYYY]	5
Description of Contrib	iution				
Full Name of Contribu	itor 3			Date [MM/DD/YYYY]	5
					<u> </u>
House #	Street Address			Date [MM/DD/YYYY]	\$
				Date [MM/DD/YYYY]	
City	The state of the s	State	Zip Code	Date [MM/DD/YYYY]	<b>\$</b>
a anti-					
Description of Contrib	outlon	ä			•

#### SCHEDULE II

# IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number:: *			
AND LINES ALZED IN VIND CONTR	The Property of Manager of Manage		
1. UNITEMIZED IN-KIND CONTRI	BUTIONS RECEIVED-VAL	UE OF \$50.00 OR LESS PER CONTRIBUTOR	hat in a parties of a partie. Late of the state of the st
TOTAL for the reporting period	(1)	\$	
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.01	LTO \$250.00 (FROM PART F)	
TOTAL for the reporting period	(2)	\$	e e e e e e e e e e e e e e e e e e e
3: IN-KIND CONTRIBUTION REGE	IVED-VALUE OVER \$250	.00 (FROM PART G)	
TOTAL for the reporting period	(3)	\$ 1499.95	
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals from Page 1, Report Cover Page, Item F)			

#### PART E

## **Other Receipts**

#### REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Num	Der 7			
Full Name		the second		
House #	Street Address			
City to the state of the state		State :	Zip 4 Code 4	Date [MM/DD/YYYY] \$
Receipt Description		1	(1) 10 10 10 10 10 10 10 10 10 10 10 10 10	
Füll Näme		and the second of the second o		
House #	Street Address			,
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		The contraction of the contracti		
Full Name				
House #	Street Address	State	Zip	Date [MM/DD/YYYY] \$
			Code	Date [MM/DD/YYYY] \$
Receipt Description			a recover control of	, , , , , , , , , , , , , , , , , , , ,
Full Name				
House #	Street Address	State	Zip	Date [MM/DD/YYYY] \$
		State	Code	Date [MM/DD/YYYY] \$
Receipt: Description				
Full Name House #	Street Address			
House # City		State	Zip	Date [MM/DD/YYYY] \$
Receipt Description			Code	
Receipt Description		eren reference a superior de la consequence della consequence dell		
House #	Street Address			·
City		State	Zip Code : :	Date [MM/DD/YYYY]  \$
Receipt Description			Code	
		WANTED A PRODUCT OF THE STATE O		

#### PART D

#### **All Other Contributions**

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C)

Filer Identification Number:

Full Name of Contributor CHRISTI & KEVIN	Date [MM/DD/YYYY] \$
TEREFENKO	05/04/2015 500.
[ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [	Date [MM/DD/YYYY] \$
1939 WICKFORD PLACE	
	Date [MM/DD/YYYY] \$
City WYO MIGSING State PA Zip Code 19610	E - Occupation 11 Th ON PARE OF CO
Employer Name  ARTHRITIS & JOINT REPLACE  Employer Malling Address / 1758  Entury BLV b  Principal Place of Business  WYO MISSING PA 196	E- Occupation MEDICAL BUSINESS
Employer Mailing Address / 1758 ENTURY BLV D. Principal Place of Business WYO MISSING PA 196	10
Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Occupation
Employer Mailing Address /	
Principal Place of Business	
Full Name of Contributor	Date [MM/DD/YYYY] \$
	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
City&6i State Zip Code 6	Date [MM/DD/YYYY] \$3
City State Zip Code	
Employer Name	Occupation.
Employer Mailing Address /	
Principal Place of Business	Date [MM/DD/YYYY] 💸 💲
Full Name of Contributor	
House # Street Address	Date [MM/DD/YYYY] \$3
nouse # 3t eet Address	We get a section to a section of the
City State Zip Code	Date [MM/DD/YYYY] \$
	::./p.&l
Employer Name	Occupation
Employer Mailing Address / Principal Place of Business	- 《公安·李郎等》《宋四天》卷[
Principal Place of Business	

#### PART C

# **Contributions Received From Political Committees**

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number:	A Comment of the Comm			
Full Name of			Date [MM/DD/YYYY] \$	
Contributing Committee				
	reet Address		Date [MM/DD/YYYY] \$	
City	Central	The state of the s		
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of			Date [MM/DD/YYYY] \$ \$	
Contributing Committee			Date [MM/DD/YYYY] \$	•
House # Str	reet Address		Date [MM/DD/YYYY] \$	
			William Committee and Committe	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of		(1) 1 (1) (1) (1) (1) (1) (1) (1) (1) (1	Date (MM/On/vyvyt a res	-
Contributing Committee			Date [MM/DD/YYYY] \$	
House # Stre	eet Address			
			Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of	本語   本語		Date [MM/DD/YYYY] \$	- A comment of the comment of the
Contributing Committee			Date [MM/DD/YYYY]	
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Contributing Committee				
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			And the state of t	
	et Address		Date [MM/DD/YYYY] \$	:
City 7		value vici er (Masselling)		
	State	Zip Code	Date [MM/DD/YYYY] \$	
Sales Argentin	1. 1. 1. E-1/1 [Ship]			}

#### PART B

# **All Other Contributions**

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

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Filer Identification Number:			
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Full Name of Contributor		Date [MM/DD/YYYY] \$
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House # Street Address	Parm Contit	Daté [MM/DD/YYYY] \$
100 C		
READING	State PA   Zip Code   19604	Date [MM/DD/YYYY] \$
Full Name of Contributor		Date [MM/DD/YYYY] \$
		1.0 mg/ 1.0 mg
House # Street Address		Date [MM/DD/YYYY] \$
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City	State Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributor		Date [MM/DD/YYYY] \$
House #3 Street Address		Date [MM/DD/YYYY]
City	State Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributor		Date [MM/DD/YYYY] 53
House # Street Address		Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$

#### PART A

# **Contributions Received From Political Committees**

\$50.01 TO \$250.00 Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification N	Vumber							
					-			Amount
Full Name of Cont Committee		ENS	FOR	A GREA	ATER	Date [MM/DD/YYYY]	\$	an .
Committee	K	READIX	116	•		04/23/2015		250.00
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1711		OLIVE	<i>S</i> 7				7	
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Full Name of Cont			-			Date [MM/DD/YYYY]	Š	
Committee		=					-   *	
House #	Street Address					Date [MM/DD/YYYY]	\$	
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City		State		Zip Code		Date [MM/DD/YYYY]	\$	
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Full Name of Control Committee	ributing					Date [MM/DD/YYYY]	\$	
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Committee					Date [INIVIDD) 1111	\$		
House # Street Address						Date [MM/DD/YYYY]	\$	
					ļ			
City		State		Zip Code		Date [MM/DD/YYYY]	\$	***
					!			

#### SCHEDULE 1

# **Contributions and Receipts**

**Detailed Summary Page** 

Filer identification Number			
The state of the s			
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting perio	iod (1)	\$	
•			
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	250.
All Other Contributions (Part B)		\$	100.
Total for the reporting perio	od (2)	\$	350.
3. Contributions Over \$250.00 (From Part C and Part D)	of the state of the state of		
Contributions Decision from Delitical Countribution (Deut C)		. \$	
Contributions Received from Political Committees (Part C)			
All Other Contributions (Part D)		\$	500.
Total for the reporting perio	od (3)	\$	
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From P	'art E)		
Total for the reporting perio	od (4)	\$	0
Total Monetary Contributions and Receipts during this reporting period (Add enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page Cover Page, Item B)	l and ? 1, Report	\$	850.



# Commonwealth of Pennsylvania - Campaign Finance Report

		(lante: 1)	iis report	must b	e clear an	d legible. It sho	uld be typed	d)	
Filer Identification			Report Filed By Candida ( Mark X)			ate	Committee		
Name of Filing ( Lobbyist	NORT			COALIT	ioN		the series and appropriate		
Street Address.	i i predicta in biogra	anaphism of the see	1501	N	. 14t	******		T-81-8	
City	RE	EADING	<u> </u>		State	PA	Zip Code	19604	
Type of Report (	Place x under	report type)				······································			
1- 6 <sup>th</sup> Tuesday 2- 2 <sup>nd</sup> Friday 3-30 Day Post Pre-Primary Pre-Primary Primary			4- 6th Tuesday 5- 2nd Friday Pre- Election Pre- Election		6- 30 Day Post Election	t 7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election	
					<b>Y</b>				
Date Of Election (MM/DD/YYYY)	the contract of the contract o		Year			Amendment		Termination	
tida ku wa Arta iliku		05/19/2015	2015		· sa a a ana ana ana an	Report		Report	
Summary of Rec Expenditures	elpts and	From Date	То	Date		tawa	For	Office Use Only	
	ore one objective. Netodore	04/06/201	5 05	1071	2015				
A. Amount Brou	ght Forward F	rom Last Report	Ś	1 1 /	راک	<u> </u>			
B. Total Moneta		ns and Receipts	\$ 60						
(From Schedule C. Total Funds A			\$ 07	0.					
(Sum of Lines A	and B)		118.	50, ~					
D. Total Expendi (From Schedule			\$ 2.	30,4	b_				
E. Ending Cash B		a Aireilais Airin	\$	30° /	XX 11				
(Subtract Line D	from Line C)		15	19.5	XX				
F. Value of In-Kir (From Schedule	1)		\$ 14	99.	15 XX				
G. Unpaid Debts (From Schedule	and Obligatio  V)	ns: Website and the	\$ 2	25.	00-	,	,		
Part 1- If this is a Co	mmittee renor	t transusar sign ha	no léable le c	6	Affidavit Sec	tion			
I swear (or affirm) t	hat this report,	including the attac	re. IT this is a hed schedul	es on pap	te report, ca er, is to the l	ndidate sign here. Sest of my knowled	ge and belief tri	ue, correct and complet	· a
Sworn to and subso	ribed before me	e this		. ,	_	1	/V		
day of	MAY	20 15	·		( )	ensta	wer 1	Warne	W
BUNK	( loovel		ONWEALT Not	<del>ria</del> l Seal	(	Signature	of Person Submi	tting report	
Signature  Ashley L. W. de, Notary Public Sinking Spring Goro, Berks County  Printed Name									
My Commission expires April 18, 2017 10 (6.10) 243-01-59									
MD. DAY MEYRIX PEURSYLVARIA ASSOCIATION OF NOTABLE!  Area Code Daytime Telephone Number									
Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.									
i swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.									
Sworn to and subscribed before me this									
67 day of MAV 2015									
Aller A									
No arial Seal BMAN TWYWN									
Ashrey L. Made, Notary Public									
My Commission exp		10 X 1	ommission I	ixpires Ap	oril (8, 2 <u>011</u>	910	( <u>6 10</u>	1/ 50/-004	24
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